



PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/743201	
	Filing Date	Dec 22, 2003	
	First Named Inventor	Parankirinanathan, Kiritharan	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	1	Attorney Docket Number	LPD092603USNP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Markets, Patents & Alliances LLC
Signature	
Date	June 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Mark Nowotarski		
Signature		Date	June 2, 2004

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PRELIMINARY AMENDMENT AND
POWER OF ATTORNEY

Title of Invention:

Method of Calculating Premium Payment to Cover the Risk Attributable to Insureds
Surviving a Specified Period

Inventor Name:

Kiritharan Parankiranthan

New Docket:

LPD092603USNP

Old Docket:

LECPRV1

Application Number:

10/743201

Filing Date:

12/22/2003

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Dear Examiner,

Power of Attorney

Regarding the above application 10/743,201, I, Mark Nowotarski, Reg. No. 47,828, am now the sole agent of record. A signed copy of the Power of Attorney form (PTO/SB/81) from the inventor is attached. All communication should be directed to the address above. The new docket number for the case is LPD092603USNP.

Preliminary Amendment

Prior to examination of the above-referenced application, please amend the claims as follows: